

CLAIMS ONLY

Application Number

1015353563

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
53						
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96						
97						
98						
99						
100						
Total Indep					3	
Total Depend					15	
Total Claims					17	